

**ISSUE SLIP STAPLE AREA (for additional cross references)**

| POSITION                  | INITIALS | ID NO. | DATE   |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION         |          |        |        |
| O.I.P.E. CLASSIFIER       |          | 6      | 9-7-01 |
| FORMALITY REVIEW          |          |        |        |
| RESPONSE FORMALITY REVIEW |          |        |        |
|                           |          |        |        |

## INDEX OF CLAIMS

|          |                                      |          |                     |
|----------|--------------------------------------|----------|---------------------|
| <b>✓</b> | <b>Rejected</b>                      | <b>N</b> | <b>Non-elected</b>  |
| <b>≡</b> | <b>Allowed</b>                       | <b>I</b> | <b>Interference</b> |
| <b>—</b> | <b>(Through numeral)... Canceled</b> | <b>A</b> | <b>Appeal</b>       |
| <b>÷</b> | <b>Restricted</b>                    | <b>O</b> | <b>Objected</b>     |

| Claim | Final | Original | Date |
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**Best Available Copy**

**If more than 150 claims or 10 actions  
staple additional sheet here**

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